

CHANGE NOTICE FOR MANUAL NO. 03-23, MA-2320 RECERTIFICATION

DATE: March 2, 2023

Manual: Aged, Blind, and Disabled Medicaid

Change No: 03-23

To: County Directors of Social Services

I. BACKGROUND AND CONTENT OF CHANGE

This change notice provides updates to MA-2320, Recertification. A settlement reached in *Franklin v. Kinsley*, formerly *Hawkins v. Cohen* (5:17-CV-581 E.D.N.C.), a federal lawsuit filed in 2017 on behalf of Medicaid beneficiaries in North Carolina, and recent clarifications provided by the Centers for Medicare and Medicaid Services (CMS) have resulted in significant changes and updates of this policy.

Please review this change notice and MA-2320, Recertification revisions carefully and in its entirety.

II. POLICY UPDATE

A. MA-1000

A reminder to refer to MA-2320 and ensure that all policy requirements are followed has been added in section VII.

B. MA-2320 General Updates

1. MA-2320, Redetermination of Eligibility, has been retitled as MA-2320, Recertification.
2. MA-2320, Recertification, has been reordered and new sections have been added to provide guidance relevant to completing recertifications.
3. Throughout all sections of MA-2320, Recertification, terminology and NC FAST related processes have been updated and/or added.
4. Policy regarding medically needy recertification has been moved to MA-2321, Medically Needy Recertification.

5. Section I., Background, has been added to provide information related to when and why a recertification may be required and when to begin the recertification process.
6. All recertifications must be completed ex-parte when possible. Interviews are no longer required and references to required interviews have been removed.

C. Policy Principles, Section II.

1. Subsection A. includes definitions for terms used in this policy.
2. Subsections B. – J. have been added, moved, or updated for additional clarification. These subsections provide guidance for the following:
 - Reasonable Compatibility
 - Timely Recertification
 - Assistance with Recertification
 - Reducing or Terminating Benefits
 - Requesting Information
 - Self-Attestation
 - Evaluate for All Programs
 - Eligibility Factors Subject to Change
 - Providing Assistance
3. Subsection F. has been updated to extend the time allowed for responding to a DHB-5097 at recertification from 12 calendar days to 30 calendar days.
4. Subsection K. provides guidance for verifying immigration status at recertification, including an updated phone number for the Office of Refugee Resettlement (ORR).
5. Subsection L. provides guidance for eligibility factors not subject to change.
6. Subsection M. provides instructions for authorized representatives at recertification.
7. Subsection N. provides instructions for steps for caseworkers to take when a beneficiary is determined eligible for a different Medicaid program at recertification, including NC FAST instructions.
8. Subsection O. provides guidance for dually eligible beneficiaries who are eligible for both Medicare and Medicaid.

D. Informing the Beneficiary of their Rights and Responsibilities, Section III.

1. Subsection A. - The Division of Health Benefits (DHB) has developed a new form, DHB-5085, Notice of Rights and Responsibilities for Medicaid at Recertification. Subsection A. provides guidance for caseworkers regarding the use of the DHB-5085 at recertifications with no in person or telephone contact with the beneficiary.
2. Subsection B. provides instructions for reviewing the DHB-5085, including a reminder for caseworkers to offer assistance with creating an ePASS account or linking/delinking an ePASS account.
3. Subsections C. and D. provide reminders to caseworkers regarding:
 - Non-emergency medical transportation (NEMT)
 - Third party insurance
4. Subsection E. provides guidance for homeless individuals with no permanent address.
5. Subsection F. provides updated instructions for situations when the beneficiary has returned mail and/or the caseworker is unable to locate the beneficiary.

E. Ex-Parte Recertification, Section IV.

Section IV. provides specific guidance for completing an ex-parte recertification, including how to determine if agency records and electronic data sources can be used.

F. When Continued Eligibility cannot be Determined Ex-Parte, Section V.

1. Subsection A. provides guidance for requesting information from the beneficiary to complete the recertification. This includes updated guidance for completing the DHB-5097 with deductible information.
2. Subsections B., C., D., and E. provide guidance for the following:
 - Using collateral contacts
 - Wage verification
 - Modes for providing requested information
 - When all requested information/verification is received

G. Recertification Procedures, Section VI.

Section VI. includes multiple updates to both terminology and procedures. **Please review the changes in this section thoroughly.**

1. Subsection A. provides policy procedures, including when to begin the ex-parte process and the requirement that there cannot be a lapse in coverage during the recertification process.
2. Subsection B. provides updated and current links for policy related to each Aged, Blind, and Disabled (ABD) Medicaid program category.
3. Subsection C. provides updated guidance for program changes at recertification. This guidance includes:
 - a. New requirements for requesting medical bills and advising the beneficiary of the deductible amount and how it was calculated on the [DHB-5097/DHB-5097sp](#), Request for Information.
 - b. Instructions for caseworkers when the beneficiary is now eligible for a Medicaid program using Modified Adjusted Gross Income (MAGI).
4. Subsection D. provides guidance for caseworkers when the beneficiary is no longer eligible for any Medicaid program and the case must be terminated with timely notice.
5. Subsection E. provides updated guidance for appeal requests.
6. Subsection F. provides requirements for completing untimely recertifications. These requirements are part of the Franklin v. Kinsley lawsuit settlement.

H. Managed Care Enrollment, Section VII.

1. Subsection A. provides guidance for beneficiaries enrolled in a prepaid health plan (PHP).
2. Subsection B. provides guidance for beneficiaries exempt from or excluded from enrollment in a PHP. These beneficiaries are enrolled in Medicaid Direct via Community Care of North Carolina/Carolina Access (CCNC/CA).
3. Subsection C. provides instructions for program changes that impact managed care or Medicaid direct enrollment.

I. When to Reopen Case Terminated for Missing Information, Section VIII.

This section provides reminders and guidance for when a case terminated at recertification may be reopened and when a new application is required.

The timeframe for reopening a terminated case has been changed from 10 calendar days to **90 calendar days** following termination.

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective April 1, 2023, for all recertifications.

If you have any questions regarding information in this letter, please contact your Operational Support Team Representative.

DocuSigned by:

Jay Ludlam

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Jay Ludlam

Deputy Secretary, NC Medicaid